NATENT APPLICATION SEE DETERMINATION S

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective December 8, 2004												
	•	CEAIMS A	S FILED		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN	
U.S.	NATIONAL S	TAGE FEES	(Oddinar I)		<u> </u>			RATE	FEE		RATE	FEE
BAS	IC FEE		SMALL EN	IT. = \$ 150	LARGE ENT. = \$ 300			BASIC FEE	,	OR	BASIC FEE	1030
EXA	MINATION FE	E '	Setisfies PC1	'Article 33(1)-	All other situations = \$ 100 / \$ 200			EXAM FEE			EXAM FEE	
SEA	RCH FEE		U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400		All other situations = \$ 250 / \$ 500			SEARCH FEE			SEARCH FEE	
FEE	FOR EXTRA S	PEC. PGS.	m	inus 100 =		/ 50 =		X \$ 125 =			X \$ 250 =	
τοτ	AL CHARGEA	LE CLAIMS	70 minus 20 = ,			0		X \$ 25 =		OR	X \$ 50 =	
INDE	PENDENT CL	AIMS		minus 3 =	· Æ	3		X \$ 100 =		OR	X \$ 200 =	
MUL	TIPLE DEPEN	DENT CLAIM PRE	ESENT			<u></u>		+ \$ 180 =		OR	+ \$ 360 =	٠
the difference in column 1 is less than zero, enter "0" in column 2							٠,	TOTAL		OR	TOTAL	1030
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)) - ` .	SMALL E	′	OR	OTHER SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 20	Minus	" Ó	रेठ	.0		X \$ 25 =	1	OR	X 5.60	
	Independent	• /	Minus	-3		·a		X \$ 100 =		OR	X \$ 200-	<u> </u>
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+\$ 180=		OR	+ \$ 360 =	
/1.								TOTAL ADDIT. FEE		OR	YOTAL ADDIT.	
7/26 / (Column 1) (Column 2) (Column 3)												
WENOMENT 8		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	LEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 20	Minus	-2	0	-		X \$ 25 =		OR	X \$ 50 =	1
	Independent	• /	Minus		1			X \$ 100 =		.ex	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDE			PENDENT	CLAIM			+ \$ 180 =		OR	+ \$ 360 =	
								TOTAL AD <u>DI</u> T. FEE		OR	TOTAL ADDIT. FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Peid For" IN THIS SPACE is less than "20", enter "20".												
***	If the Triphest No	mber Previously Paid	& FOR IN THIS	SPACE is les	then T	, enter "J".	in th	e appropriate box	r in column 1.			